

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	03/08/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	INTRAVENOUS EQUIPMENT HANGERS
Attorney Docket Number::	006087.00015
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Wayne  
Middle Name:: J.  
Family Name:: Breda  
Name Suffix::  
City of Residence:: Clarendon Hills  
State or Province of Residence:: Illinois  
Country of Residence:: USA  
Street of mailing address:: 5 Tuttle Avenue  
City of mailing address:: Clarendon Hills  
State or Province of mailing address:: Illinois  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 60514

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Bradley  
Middle Name::  
Family Name:: Piper  
Name Suffix::  
City of Residence:: Gold Canyon  
State or Province of Residence:: Arizona  
Country of Residence:: USA  
Street of mailing address:: 5202 S. Red Yucca Lane  
City of mailing address:: Gold Canyon

State or Province of mailing address:: Arizona  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 85218

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

## Correspondence Information

Correspondence Customer Number:: 22908

## Representative Information

Representative Customer Number:: 22908

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	09/238,950	01/27/99


### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Health Science Technology, LLC  
 Street of mailing address:: 6563 Old Hunters Run  
 City of mailing address:: Rockford  
 State or Province of mailing address:: Illinois  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 61114